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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010		C Name of organization THE GEORGE WASHINGTON UNIVERSITY		D Employer identification number 53-0196584	
B Check if applicable <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Please use IRS label or print or type. See Specific Instructions.		E Telephone number (703) 726-8324	
		Doing Business As			
		Number and street (or P O box if mail is not delivered to street address) Room/suite TAX DEPT44983 KNOLL SQ ENTRPRS HL 2ND FL			
		City or town, state or country, and ZIP + 4 ASHBURN, VA 201472692		G Gross receipts \$ 1,392,367,330	
		F Name and address of principal officer STEVEN KNAPP 2121 EYE ST NW 801 WASHINGTON, DC 20052		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(c) Group exemption number ▶	
J Website: ▶ WWW.GWU.EDU					
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1821		M State of legal domicile DC	

Part I	Summary		
Activities & Governance	1 Briefly describe the organization's mission or most significant activities EDUCATION AND RESEARCH - SEE THE MISSION STATEMENT ON SCHEDULE O 		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	3
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	3
	5 Total number of employees (Part V, line 2a)	5	13,94
	6 Total number of volunteers (estimate if necessary)	6	6,50
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	13,151,95
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-1,072,48
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	74,957,468	48,411,949
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,009,212,980	1,058,527,178
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-46,409,224	17,535
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,992,425	22,802,690
		1,056,753,649	1,129,759,352
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	188,590,676	219,281,489
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	497,677,348	531,602,631
	16a Professional fundraising fees (Part IX, column (A), line 11e)	939,133	365,017
	b Total fundraising expenses (Part IX, column (D), line 25) <u>22,603,020</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	420,219,567	419,421,257
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,107,426,724	1,170,670,394
	19 Revenue less expenses Subtract line 18 from line 12	-50,673,075	-40,911,042
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	2,711,493,818	2,897,272,540
	21 Total liabilities (Part X, line 26)	1,193,297,267	1,236,666,761
	22 Net assets or fund balances Subtract line 21 from line 20	1,518,196,551	1,660,605,779

Part II		Signature Block		
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			
			2011-05-25	
	Signature of officer		Date	
Paid Preparer's Use Only	 ROBERT W FRIZ		Date	Check if self-employed 
	Firm's name (or yours if self-employed), address, and ZIP + 4 			EIN 
	PRICEWATERHOUSECOOPERS LLP 1301 K STREET NW 800W WASHINGTON, DC 20005			Phone no  (202) 414-1000

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization’s mission

SEE THE MISSION STATEMENT ON SCHEDULE O

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

☒

No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 790,780,788 including grants of \$ 207,561,886) (Revenue \$ 778,548,074)

EDUCATION GW'S MISSION IS TO PREPARE OUR STUDENTS TO BECOME SUCCESSFUL IN FURTHERING STUDIES AND/OR CAREERS, TO MATURE TO BE SELF-SUFFICIENT, CONTRIBUTING CITIZENS, AND SIMILAR TO THE ROLE MODELS AND MENTORS THEY ENCOUNTER, TO SEE THEMSELVES AS THOUGHT LEADERS AND WORLD-CHANGERS GW HAS DEVELOPED ACADEMIC OFFERINGS THAT COMBINE DISCIPLINES, STAY ABREAST OF ADVANCES IN HUMAN KNOWLEDGE, AND PREPARE OUR STUDENTS FOR PROMISING CAREERS STUDENTS FROM ALL 50 STATES AND THE DISTRICT OF COLUMBIA AND 134 COUNTRIES ATTEND GW TOTAL FALL ENROLLMENT for all campuses for academic year end 2010 was 20,504

4b

(Code) (Expenses \$ 162,129,762 including grants of \$ 11,719,603) (Revenue \$ 143,098,103)

RESEARCH AND OTHER SPONSORED PROJECTS RESEARCH IS AN INTEGRAL PART OF GW'S EDUCATIONAL MISSION RESEARCH OFFERS FACULTY, RESEARCH STAFF AND STUDENTS EXCITING AND VARIED OPPORTUNITIES TO CREATE, SYNTHESIZE, APPLY, SHARE AND ADVANCE KNOWLEDGE IN SCIENTIFIC, MEDICAL, PUBLIC HEALTH, TRANSPORTATION, AND OTHER ARENAS

4c

(Code) (Expenses \$ 102,021,097 including grants of \$) (Revenue \$ 136,881,001)

AUXILIARY ENTERPRISES AND OTHER GW PROVIDES A NUMBER OF SERVICES THAT SUPPORT LEARNING, BUILD COMMUNITY AND ENHANCE THE OVERALL QUALITY OF STUDENT LIFE AUXILIARY ENTERPRISES INCLUDE FACILITIES AND RESIDENTIAL PROPERTY MANAGEMENT, DINING, BOOKSTORE, PARKING, STUDENT HEALTH, MAIL AND LAUNDRY SERVICES GW'S MARVIN CENTER HOUSES DINING FACILITIES, STUDENT ORGANIZATION OFFICES AND MEETING ROOMS AND IS UTILIZED BY STUDENTS, FACULTY, STAFF, AND VISITORS FOR MORE INFO ABOUT GW'S PROGRAMS & ACCOMPLISHMENTS, SEE THE 2009-2010 FINANCIAL REPORT ON THE COMPTROLLER'S OFFICE'S WEBSITE AT [HTTP //FINANCEOFFICE GWU EDU/annual_reports.html](http://financeoffice.gwu.edu/annual_reports.html)

4d

Other program services (Describe in Schedule O)





















(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 1,054,931,647

Part IV

Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? 	Yes	No	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II 	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? If "Yes," complete Schedule F, Part III 	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	40,118	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	13,943	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	Yes
b If "Yes," enter the name of the foreign country: <input type="text"/> BR See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a	32	
b	Enter the number of voting members that are independent	1b	30	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed CA , MD
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. DEBRA DICKENSON Comptroller 44983 Knoll Square entrprs hl 2nd Ashburn, VA 201472692 (703) 726-4191

1b Total	11,273,781	0	929,854
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **952**

		Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
GWU MEDICAL FACULTY ASSOCIATES 2150 PENNSYLVANIA AVE NW WASHINGTON, DC 20037	TEACHING & RESEARCH	28,364,773
DONOHUE CONSTRUCTION CO 2101 WISCONSIN AVE NW WASHINGTON, DC 20007	CONSTRUCTION - SVCS & MATERIALS	24,654,461
CLARK CONSTRUCTION GROUP 7500 OLD GEORGETOWN RD BETHESDA, MD 20814	CONSTRUCTION - SVCS & MATERIALS	23,735,630
WHITING TURNER CONTRACTING COMPANY 300 E JOPPA RD BALTIMORE, MD 21286	CONSTRUCTION - SVCS & MATERIALS	14,904,737
EMBANET KNOWLEDGE GROUP 225 SPARKS AVE TORONTO, ONTARIO M2H2S5 CA	ONLINE DISTANCE EDUCATION	6,576,316

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **269**

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a						
	b	Membership dues	1b						
	c	Fundraising events	1c	208,851					
	d	Related organizations	1d						
	e	Government grants (contributions)	1e	19,031,659					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	29,171,439					
	g	Noncash contributions included in lines 1a-1f \$ 3,864,881							
	h	Total. Add lines 1a-1f		48,411,949					
Program Service Revenue			Business Code						
	2a	STUDENT TUITION & FEES	900,099	709,757,163	709,757,163				
	b	PROG FUND/INDIRECT RE	900,099	153,530,684	153,530,684				
	c	OTHER PROGRAM SERVICE	721,110	103,429,815	89,213,473	14,216,342			
	d	AUXILIARY ENTERPRISES	611,710	91,809,516	91,809,516				
	e								
	f	All other program service revenue							
	g	Total. Add lines 2a-2f		1,058,527,178					
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		8,892,350			8,892,350		
	4	Income from investment of tax-exempt bond proceeds . . .							
	5	Royalties		316,886			316,886		
	6a	Gross Rents	(i) Real	(ii) Personal					
			48,950,149						
			25,358,400						
			23,591,749						
	b	Less rental expenses							
	c	Rental income or (loss)							
	d	Net rental income or (loss)		23,591,749			23,591,749		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			228,315,550						
			237,190,365						
			-8,874,815						
	b	Less cost or other basis and sales expenses							
	c	Gain or (loss)							
	d	Net gain or (loss)		-8,874,815			-8,874,815		
	8a	Gross income from fundraising events (not including \$ 208,851 of contributions reported on line 1c) See Part IV, line 18	a	17,660					
			b	Less direct expenses	b	59,213			
			c	Net income or (loss) from fundraising events . . .		-41,553			-41,553
	9a	Gross income from gaming activities See Part IV, line 19	a						
			b	Less direct expenses	b				
			c	Net income or (loss) from gaming activities . . .					
	10a	Gross sales of inventory, less returns and allowances	a						
			b	Less cost of goods sold	b				
			c	Net income or (loss) from sales of inventory . . .					
Miscellaneous Revenue		Business Code							
11a	UNRELATED PARTNERSHIP	525,900	-1,064,392		-1,064,392				
b									
c									
d	All other revenue								
e	Total. Add lines 11a-11d		-1,064,392						
12	Total revenue. See Instructions		1,129,759,352	1,044,310,836	13,151,950	23,884,617			

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22	219,281,489	219,281,489		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	7,769,855	925,100	5,269,657	1,575,098
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	427,920,698	382,068,557	34,994,971	10,857,170
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	27,697,673	24,008,166	2,883,122	806,385
9	Other employee benefits	39,159,335	33,943,061	4,076,196	1,140,078
10	Payroll taxes	29,055,070	25,184,749	3,024,417	845,904
11	Fees for services (non-employees)				
a	Management				
b	Legal	2,760,460	357,556	2,402,904	
c	Accounting	3,325,986	395,967	2,911,270	18,749
d	Lobbying	1,906	1,906		
e	Professional fundraising See Part IV, line 17	365,017			365,017
f	Investment management fees	7,025,560		7,025,560	
g	Other	73,743,085	62,413,540	10,222,431	1,107,114
12	Advertising and promotion	4,512,164	1,702,659	2,727,351	82,154
13	Office expenses	31,011,093	23,708,076	5,771,407	1,531,610
14	Information technology	14,037,470	11,261,820	2,656,602	119,048
15	Royalties	23,217	23,217		
16	Occupancy	58,530,470	54,243,907	4,286,563	
17	Travel	15,112,149	13,670,722	512,930	928,497
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	22,098,000	15,561,389	4,001,919	2,534,692
20	Interest	27,742,662	26,608,403	1,134,259	
21	Payments to affiliates	19,487,529	19,413,680	47,629	26,220
22	Depreciation, depletion, and amortization	59,758,386	55,402,230	4,356,156	
23	Insurance	4,585,964	4,402,132	183,832	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	RESEARCH SUBCONTRACTS	50,178,308	50,178,308		
b	OTHER EXPENSES	25,486,848	22,754,205	2,688,556	44,087
c	INTRDEPARTMENTL ASSMNTS	0	7,420,808	-8,042,005	621,197
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,170,670,394	1,054,931,647	93,135,727	22,603,020
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			833,162	1	973,538
	2	Savings and temporary cash investments			278,940,300	2	225,493,259
	3	Pledges and grants receivable, net			54,356,211	3	50,069,705
	4	Accounts receivable, net			18,709,255	4	31,618,224
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			60,000	5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			1,831,115	7	451,750
	8	Inventories for sale or use			96,533	8	
	9	Prepaid expenses and deferred charges			9,289,231	9	11,761,621
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	2,280,906,386			
	b	Less accumulated depreciation	10b	587,033,787	1,562,201,134	10c	1,693,872,599
	11	Investments—publicly traded securities			150,717,261	11	203,911,720
	12	Investments—other securities See Part IV, line 11			580,771,810	12	619,792,868
	13	Investments—program-related See Part IV, line 11			30,679,925	13	29,187,236
	14	Intangible assets			1,041,166	14	598,033
	15	Other assets See Part IV, line 11			21,966,715	15	29,541,987
	16	Total assets. Add lines 1 through 15 (must equal line 34)			2,711,493,818	16	2,897,272,540
Liabilities	17	Accounts payable and accrued expenses			139,256,377	17	144,576,530
	18	Grants payable				18	
	19	Deferred revenue			42,940,341	19	42,341,919
	20	Tax-exempt bond liabilities			311,924,393	20	218,812,293
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			226,775,471	23	226,198,026
	24	Unsecured notes and loans payable to unrelated third parties			434,280,958	24	568,868,223
	25	Other liabilities Complete Part X of Schedule D			38,119,727	25	35,869,770
	26	Total liabilities. Add lines 17 through 25			1,193,297,267	26	1,236,666,761
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			1,124,994,723	27	1,251,988,929
	28	Temporarily restricted net assets			182,317,714	28	193,243,257
	29	Permanently restricted net assets			210,884,114	29	215,373,593
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			1,518,196,551	33	1,660,605,779
	34	Total liabilities and net assets/fund balances			2,711,493,818	34	2,897,272,540

Part XI **Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a	No
b Were the organization's financial statements audited by an independent accountant? 	2b	Yes
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . .	2c	Yes
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 	3a	Yes
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b	Yes

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization THE GEORGE WASHINGTON UNIVERSITY	Employer identification number 53-0196584
--	--

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☒

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))		14				
15 Public Support Percentage for 2008 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions						

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

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Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization
THE GEORGE WASHINGTON UNIVERSITY

Employer identification number

53-0196584

Part I-A

Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures ▶ \$
- 3

Volunteer hours

Part I-B

Complete if the organization is exempt under section 501(c)(3).

- 1

Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a

Was a correction made? ☐ Yes ☐ No
- b

If "Yes," describe in Part IV

Part I-C

Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ \$
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4

Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☒

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		0	0												
b Total lobbying expenditures to influence a legislative body (direct lobbying)		1,906	1,906												
c Total lobbying expenditures (add lines 1a and 1b)		1,906	1,906												
d Other exempt purpose expenditures		1,156,444,055	1,156,444,055												
e Total exempt purpose expenditures (add lines 1c and 1d)		1,156,445,961	1,156,445,961												
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000	1,000,000												
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000	250,000												
h Subtract line 1g from line 1a If zero or less, enter -0-		0	0												
i Subtract line 1f from line 1c If zero or less, enter -0-		0	0												
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	156,350	11,260	0	1,906	169,516
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?			
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
	c Media advertisements?			
	d Mailings to members, legislators, or the public?			
	e Publications, or published or broadcast statements?			
	f Grants to other organizations for lobbying purposes?			
	g Direct contact with legislators, their staffs, government officials, or a legislative body?			
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
	i Other activities? If "Yes," describe in Part IV			
	j Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization THE GEORGE WASHINGTON UNIVERSITY	Employer identification number 53-0196584
--	--

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1	Purpose(s) of conservation easements held by the organization (check all that apply) <input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space <input type="checkbox"/> Preservation of an historically importantly land area <input type="checkbox"/> Preservation of a certified historic structure
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____
4	Number of states where property subject to conservation easement is located ▶ _____
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <input type="checkbox"/> Yes <input type="checkbox"/> No
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
(i)	Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____ 0
(ii)	Assets included in Form 990, Part X ▶ \$ _____ 5,710,000
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
a	Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
b	Assets included in Form 990, Part X ▶ \$ _____

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☒

Public exhibition

b

☒

Scholarly research

c

☒

Preservation for future generations

d

☒

Loan or exchange programs

e

☐

Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☒ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	1,011,192,217	1,256,432,040			
b Contributions	14,550,663	21,256,721			
c Investment earnings or losses	187,659,517	-200,350,848			
d Grants or scholarships	-7,874,781	-8,010,461			
e Other expenditures for facilities and programs	-54,920,355	-50,425,422			
f Administrative expenses	-7,025,560	-7,709,813			
g End of year balance	1,143,581,701	1,011,192,217			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 71.400 %

b

Permanent endowment ▶ 15.890 %

c

Term endowment ▶ 12.710 %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

3a(i)

No

(ii)

related organizations

3a(ii)

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	907,000	139,352,390		140,259,390
b Buildings	654,858,278	1,218,620,110	408,489,209	1,464,989,179
c Leasehold improvements		15,962,255	6,908,907	9,053,348
d Equipment		251,206,353	171,635,671	79,570,682
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				1,693,872,599

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,129,759,352
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,170,670,394
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-40,911,042
4	Net unrealized gains (losses) on investments	4	179,396,795
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	3,923,475
9	Total adjustments (net) Add lines 4 - 8	9	183,320,270
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	142,409,228

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	1,126,776,542
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	179,396,795
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	2,016,475
e	Add lines 2a through 2d	2e	181,413,270
3	Subtract line 2e from line 1	3	945,363,272
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,025,560
b	Other (Describe in Part XIV)	4b	177,370,520
c	Add lines 4a and 4b	4c	184,396,080
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,129,759,352

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	986,274,314
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	25,417,613
e	Add lines 2a through 2d	2e	25,417,613
3	Subtract line 2e from line 1	3	960,856,701
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,025,560
b	Other (Describe in Part XIV)	4b	202,788,133
c	Add lines 4a and 4b	4c	209,813,693
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,170,670,394

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part III, Line 4		THE UNIVERSITY HOLDS A COLLECTION OF HISTORICAL DOCUMENTS IN THE AMOUNT OF \$5,710,000 IN ADDITION, THE UNIVERSITY HOLDS A PERMANENT COLLECTION OF ARTWORK WHICH INCLUDES PAINTINGS, SCULPTURES, GRAPHICS, TEXTILES, CERAMICS, HISTORIC FURNISHINGS, AND PHOTOGRAPHS WITHIN THE COLLECTION ARE ARTIFACTS THAT ARE OF SIGNIFICANCE TO BOTH THE SCHOOL AND THE DISTRICT OF COLUMBIA THE COLLECTION FURTHERS THE CURRICULAR OFFERINGS OF THE UNIVERSITY THROUGH BOTH RESEARCH AND STUDY, AND ALSO PROMOTES LIFELONG LEARNING AND RECREATION IN THE VISUAL ARTS THROUGH EXHIBITIONS AND EDUCATIONAL PROGRAMS FOR THE UNIVERSITY AND THE GREATER COMMUNITY THE COLLECTION IS MANAGED BY THE UNIVERSITY'S LUTHER W BRADY ART GALLERY, AN EDUCATIONAL GALLERY LOCATED ON CAMPUS THE UNIVERSITY ALSO MAINTAINS A SECOND GALLERY THROUGH THE SUPPORT OF ITS FINE ARTS AND ART HISTORY STUDENTS THE DIMOCK GALLERY PROVIDES A "HANDS-ON" EXPERIENCE FOR CURATING AND PRESENTING STUDENTS' CREATIVE ENDEAVORS WHERE STUDENTS CAN ORGANIZE EXHIBITIONS AND LEARN ABOUT EXHIBITION DESIGN WITH THE ADVICE OF FACULTY AND CURATORS
Part V, Line 4	Description of Intended Use of Endowment Funds	THE UNIVERSITY'S ENDOWMENT PROVIDES STABLE FINANCIAL SUPPORT TO A WIDE VARIETY OF PROGRAMS AND ACTIVITIES IN PERPETUITY, PLAYING A CRITICAL ROLE IN ENABLING THE UNIVERSITY TO ACHIEVE ITS MISSION PROGRAMS SUPPORTED BY THE ENDOWMENT INCLUDE SCHOLARSHIPS, CHAIRS AND PROFESSORSHIPS, FELLOWSHIPS, RESEARCH ACTIVITIES, AND LIBRARIES
Part XI, Line 8 - Other Adjustments		CHANGE IN VALUE OF CHARITABLE TRUSTS 2012666 ADJUSTMENT FOR SUBSIDIARY ACTIVITY 3809 POST RETIREMENT RELATED CHARGES FAS 158 1907000
Part XII, Line 2d - Other Adjustments		CHANGE IN VALUE OF CHARITABLE TRUSTS 2012666 SUBSIDIARY REVENUE 3809
Part XII, Line 4b - Other Adjustments		UNIVERSITY FUNDED SCHOLARSHIPS NETTED AGAINST FS REVENUE 202788133 RENTAL PROPERTY EXPENSES NETTED AGAINST TAX REVENUE -25358400 FUNDRAISING EVENTS EXPENSES NETTED AGAINST TAX REVENUE -59213
Part XIII, Line 2d - Other Adjustments		RENTAL PROPERTY EXPENSES NETTED AGAINST TAX REVENUE 25358400 FUNDRAISING EVENTS EXPENSES NETTED AGAINST TAX REVENUE 59213
Part XIII, Line 4b - Other Adjustments		UNIVERSITY FUNDED SCHOLARSHIPS NETTED AGAINST FS REVENUE 202788133

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13,
or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE GEORGE WASHINGTON UNIVERSITY

Employer identification number
53-0196584

	YES	NO
<div>1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?</div>	1 Yes	
<div>2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?</div>	2 Yes	
<div>3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain THE POLICY IS PUBLISHED ON THE UNIVERSITY'S WEBSITE AND IS PRINTED IN ALL MAJOR UNDERGRADUATE AND GRADUATE APPLICATION MATERIALS, INCLUDING UNDERGRADUATE AND GRADUATE BULLETINS AND COURSE CATALOGS, STUDENT HANDBOOKS, FINANCIAL AID SOURCEBOOKS, GUIDE TO STUDENT RIGHTS AND RESPONSIBILITIES AND EMPLOYMENT APPLICATION MATERIALS THE UNIVERSITY CONTINUES IN ITS EFFORTS TO ENSURE ALL SUPPLEMENTARY WRITTEN COMMUNICATIONS ALSO INCLUDE A REFERENCE TO THE POLICY</div>	3 Yes	
<div>4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)</div>	4a Yes 4b Yes 4c Yes 4d Yes	
<div>5 Does the organization discriminate by race in any way with respect to a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)</div>	5a 5b 5c 5d 5e 5f 5g 5h	No No No No No No No No
<div>6a Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)</div>	6a Yes 6b Yes	
<div>7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990)</div>	7 Yes	

OMB No 1545-0047
2009
**Open to Public
 Inspection**

Employer identification number
53-0196584

1	For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States		
3	Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50082W Schedule F (Form 990) 2009

[illegible]**Schedule F (Form 990) 2009**

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

Complete this part to provide the information required in Part I, line 2, and any additional information.

Schedule F (Form 990) 2009

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
THE GEORGE WASHINGTON UNIVERSITY

Employer identification number
53-0196584

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☒

Mail solicitations

e

☒

Solicitation of non-government grants

b

☒

Internet and e-mail solicitations

f

☒

Solicitation of government grants

c

☒

Phone solicitations

g

☒

Special fundraising events

d

☒

In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☒ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
LEGACY LEADERS	CONSULTS ON PLANNED GIVING PROGRAM		No	0	130,759	-130,759
MARTS AND LUNDY INC	CONSULTS ON FUNDRAISING STRATEGY DEVELOPMENT		No	0	109,971	-109,971
GRENZEBACH GLIER AND ASSOCIATES INC	CONSULTS ON FUNDRAISING STRATEGY DEVELOPMENT		No	0	91,413	-91,413
WEALTHENGINE DOT COM	Consults on ProSPECT RESEARCH AND RATING		No	0	32,874	-32,874
Total ▶					365,017	-365,017

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

MD

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		FUNDRAISING EVENT 1 (event type)	FUNDRAISING EVENT 2 (event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	224,291	2,220	226,511
	2	Less Charitable contributions	207,731	1,120	208,851
	3	Gross income (line 1 minus line 2)	16,560	1,100	17,660
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes . . .	672		672
	6	Rent/facility costs . .	6,322		6,322
	7	Food and beverages . .	41,462		41,462
	8	Entertainment			
	9	Other direct expenses .	10,757		10,757
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3, column d, and line 10. ▶			

Part III Gaming.

Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs . . .			
	5	Other direct expenses . .			
	6	Volunteer labor	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1, column d, and line 7 ▶			

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain _____ _____			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain _____ _____			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a		
b	An outside facility 13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► _____			
Address ► _____			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address		
Name ► _____			
Address ► _____			
16	Gaming manager information		
Name ► _____			
Gaming manager compensation ► \$ _____			
Description of services provided ► _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE GEORGE WASHINGTON UNIVERSITY

Employer identification number
53-0196584

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No	
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <div><input type="checkbox"/> Applied uniformly to all hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div> <div><input type="checkbox"/> Generally tailored to individual hospitals</div>			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <div><input type="checkbox"/> 100%</div> <div><input type="checkbox"/> 150%</div> <div><input checked="" type="checkbox"/> 200%</div> <div><input type="checkbox"/> Other _____</div>	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <div><input type="checkbox"/> 200%</div> <div><input type="checkbox"/> 250%</div> <div><input type="checkbox"/> 300%</div> <div><input type="checkbox"/> 350%</div> <div><input type="checkbox"/> 400%</div> <div><input type="checkbox"/> Other _____</div>	3b		No
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a		No
6b	If "Yes," does the organization make it available to the public?	6b		
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H				

7 Charity Care and Certain Other Community Benefits at Cost						
Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			496,841		496,841	0 040 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			0			
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			1,474,904		1,474,904	0 130 %
d Total Charity Care and Means-Tested Government Programs			1,971,745		1,971,745	0 170 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j Total Other Benefits						
k Total. Add lines 7d and 7j			1,971,745		1,971,745	0 170 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
2	Economic development					
3	Community support					
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development					
9	Other					
10	Total					

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	21,147,879	
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	30	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	517,633,583	
6	Enter Medicare allowable costs of care relating to payments on line 5	617,252,107	
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7381,476	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9aYes	
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.	9bYes	

Part IVManagement Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

[illegible]

Part VI

Supplemental Information

Complete this part to provide the following information

- 1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves

- 3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

- 4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

- 5 Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
THE GEORGE WASHINGTON UNIVERSITY

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number
53-0196584

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

Schedule J (Form 990) <div>Department of the Treasury Internal Revenue Service</div>	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23. ▶ Attach to Form 990. ▶ See separate instructions.	OMB No 1545-0047
		2009
		Open to Public Inspection

Name of the organization THE GEORGE WASHINGTON UNIVERSITY	Employer identification number 53-0196584
--	--

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items <div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4a	Yes
		4b	Yes
		4c	No
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? b Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5a	No
		5b	No
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? b Any related organization? If "Yes," to line 6a or 6b, describe in Part III	6a	No
		6b	No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	Yes
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	No

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

[illegible]

Part III

Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	Part I, Line 1a	TRAVEL FOR COMPANIONS. THE UNIVERSITY REIMBURSES REASONABLE AND NECESSARY BUSINESS TRAVEL EXPENSES FOR THE SPOUSE OF AN OFFICER. THE UNIVERSITY ALSO REIMBURSES 2 OF THE HIGHEST COMPENSATED EMPLOYEES FOR REASONABLE TRAVEL COSTS FOR THEIR SPOUSES TO ATTEND CERTAIN NATIONAL CONFERENCES, CONVENTIONS, AND MEETINGS RELATED TO UNIVERSITY BUSINESS. TAX INDEMNIFICATION AND GROSS-UP PAYMENTS. THE UNIVERSITY PROVIDED GROSS-UPS FOR LIMITED TYPES OF PAYMENTS TO 7 OFFICERS AND KEY EMPLOYEES. HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE. THE PRESIDENT RESIDES IN ON-CAMPUS HOUSING AS A CONDITION OF HIS EMPLOYMENT FOR THE CONVENIENCE OF THE UNIVERSITY. THE RESIDENCE IS USED FOR UNIVERSITY-RELATED BUSINESS AND ENTERTAINMENT PURPOSES ON A REASONABLE AND CONTINUAL BASIS. CLUB DUES. CLUB DUES ARE PAID ON BEHALF OF 4 OFFICERS AND HIGHEST COMPENSATED EMPLOYEES. THE MEMBERSHIPS ARE USED PREDOMINANTLY FOR UNIVERSITY BUSINESS PURPOSES. THE ABOVE BENEFITS WERE TREATED AS TAXABLE COMPENSATION WHEN APPROPRIATE.
	Part I, Line 4a	LAUREL PRICE JONES, RONALD C. BONIG, AND VAL M. BERRY RECEIVED SEVERANCE PAYMENTS IN THE AMOUNTS OF \$365,066, \$245,017, AND \$415,500, RESPECTIVELY. PART I, LINE 4B. IN RECOGNITION OF THE FACT THAT THE UNIVERSITY'S CONTRIBUTIONS TO QUALIFIED RETIREMENT PLAN ('401(a) PLAN') ARE LIMITED BY AN IRS CAP ON COMPENSATION (\$245,000 FOR 2009) AND THE CONTRIBUTION LIMITS FOR DEFINED CONTRIBUTION PLANS (\$49,000 IN 2009), THE UNIVERSITY PROVIDES ALL EMPLOYEES WHO PARTICIPATE IN THE 401(a) PLAN AND WHO EARN COMPENSATION IN EXCESS OF THE CAP WITH CONTRIBUTIONS TO A NONQUALIFIED DEFERRED COMPENSATION PLAN ('457(f) RESTORATION PLAN') EQUAL TO THE DIFFERENCE BETWEEN THE BENEFIT THE INDIVIDUAL WOULD HAVE RECEIVED UNDER THE 401(a) PLAN IF NO COMPENSATION OR CONTRIBUTION LIMITS APPLIED AND THE AMOUNT ACTUALLY ACCRUED UNDER THE 401(a) PLAN, LESS ANY EMPLOYER CONTRIBUTION TO THE GEORGE WASHINGTON UNIVERSITY ELIGIBLE DEFERRED COMPENSATION PLAN. THE AMOUNTS REPORTED IN THIS SECTION ARE ALREADY INCLUDED IN THE COMPENSATION REPORTED IN SCHEDULE J, PART II: STEVEN KNAPP - \$29,000; JOHN F. WILLIAMS, M.D. - \$32,500; LOUIS H. KATZ - \$19,000; DONALD R. LEHMAN - \$25,500; ROBERT A. CHERNAK - \$3,500; BETH NOLAN - \$15,500; LEO CHALUPA - \$250; LAUREL PRICE JONES - \$10,400; JOHN M. KUDLESS - \$2,448; DONALD W. LINDSEY - \$4,360; RONALD C. BONIG - \$133; FREDERICK F. LAWRENCE - \$4,000; JAMES L. SCOTT, M.D. - \$18,500; SHAHRAM SARKANI - \$28,160; KARL B. HOBBS - \$23,009; STEPHEN J. TRACHTENBERG - \$6,900.
	Part I, Line 7	GW OFFERED AN ANNUAL INCENTIVE COMPENSATION PLAN FOR CERTAIN SENIOR OFFICIALS. THE ANNUAL AWARD OPPORTUNITY IS CAPPED AT A PERCENTAGE OF THEIR SALARY. THE PLAN INCLUDES PROGRAMMATIC GOALS AND OBJECTIVES FOR THE YEAR THAT ARE SPECIFIC TO THEIR DEPARTMENT, DIVISION, AND UNIVERSITY BUT ARE NON-REVENUE RELATED GOALS. THE PLAN IS APPROVED ANNUALLY BY THE BOARD OF TRUSTEES' COMMITTEE ON GOVERNANCE, COMPENSATION, AND NOMINATIONS (THE 'COMMITTEE'). PRIOR TO THE PAYOUT, THE COMMITTEE REVIEWS AND APPROVES THE DETERMINATION OF THE PERFORMANCE ACHIEVED ON THE GOALS AND OBJECTIVES AND AWARDS THE INCENTIVE PAYMENTS, BASED ON COMPARABLE MARKET DATA. THE UNIVERSITY ALSO ENGAGES ITS INTERNAL AUDITORS TO PERFORM SPECIFIC PROCEDURES TO DETERMINE WHETHER: (1) MANAGEMENT'S REVIEW OF THE COMPENSATION PROCESS FOLLOWED INTERNAL POLICIES AND PROCEDURES, AND (2) CALCULATIONS AND SOURCE DATA USED TO DETERMINE THE INCENTIVE PAYMENTS COMPLY WITH THE PLAN BEFORE THE DATA IS PROVIDED TO THE COMMITTEE FOR CONSIDERATION.
	Part I, Line 8	ONE PERSON HAD AN INITIAL CONTRACT COVERING HIS BASE SALARY AND ALL BUT \$25,000 OF HIS COMPENSATION DURING 2009. THE INCREMENTAL \$25,000 AMOUNT WAS A TEMPORARY ADJUSTMENT WHICH WAS IN EFFECT ONLY WHILE HE HELD THE INTERIM POSITION, AFTER WHICH HE RETURNED TO HIS NORMAL SALARY.

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

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Name of the organization
THE GEORGE WASHINGTON UNIVERSITY

Employer identification number
53-0196584

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JULIA ZOE BECKERMAN	TRUSTEE	97,206	EMPLOYMENT OF FAMILY MEMBER		No

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE GEORGE WASHINGTON UNIVERSITY

Employer identification number
53-0196584

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art	X	16	0	
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		176,219	FMV - APPR OR EST
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	72	806,358	AVG HIGH/LOW - GIFT DATE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential	X	1	432,809	NET PRESENT VALUE
16 Real estate—Commercial	X	1	1,622,000	MARKET VALUE APPRAISAL
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (FURN & EQUIP)	X	9	355,610	FMV - APPR OR EST
26 Other ► (DONATED MEALS & GIFTS)	X	51	15,776	RECEIPTS
27 Other ► (GOLD DONOR CREATED)	X	7	430,314	FMV
28 Other ► ()	X	15	25,795	FMV - APPR OR EST

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

7

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

32a

Yes

b

If "Yes," describe in Part II

33

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Method for Determining Number of Contributors	Part I, Column (b)	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS
Third Party Use	Part I, Line 32b	SMITH BARNEY RECEIVES AND SELLS DONATED SECURITIES
Non Reporting of Revenue	Part I, Line 33	Schedule M, Line 33 PART I, LINE 1 THERE ARE NO REVENUES REPORTED IN COLUMN (C) BECAUSE THE ORGANIZATION DOES NOT RECORD THESE AS CONTRIBUTIONS EXCEPT FOR CERTAIN COLLECTIONS

Additional Data

Software ID:

Software Version:

EIN: 53-0196584

Name: THE GEORGE WASHINGTON UNIVERSITY

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493145005011

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

Name of the organization THE GEORGE WASHINGTON UNIVERSITY	Employer identification number 53-0196584
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Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		BOBBIE GREENE KILBERG AND LYDIA W THOMAS - BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		FORMS 990 AND 990-T ARE PREPARED IN-HOUSE BY THE UNIVERSITY'S TAX DEPARTMENT THE PRIMARY SOURCE OF INFORMATION IS THE AUDITED FINANCIAL STATEMENTS AND SUPPORTING DOCUMENTATION THE FINANCIAL STATEMENTS NOT ONLY SERVE AS A SOURCE OF INFORMATION BUT ALSO RECONCILE WITH THE COMPLETED 990 THE PRIMARY DIFFERENCE BETWEEN THE AUDITED FINANCIAL STATEMENTS AND THE FORM 990 IS THE PRESENTATION FORMAT AND SPECIAL GROUPINGS OF INCOME, EXPENSES, AND BALANCE SHEET ACCOUNTS REQUIRED ON THE FORM 990 SECONDARY INFORMATION USED TO PREPARE THE FORMS COMES FROM THE OFFICES WHERE THERE IS THE MOST KNOWLEDGE OF AN ACTIVITY, INCLUDING THE COMPTROLLER'S OFFICE (FINANCIAL REPORTING, GRANTS AND CONTRACTS ACCOUNTING SERVICES, ACCOUNTS PAYABLE), PAYROLL SERVICES, OFFICE OF THE SENIOR VP AND GENERAL COUNSEL, OFFICE OF COMPLIANCE AND PRIVACY, CHIEF INVESTMENT OFFICE, BUDGET, ATHLETICS, AND INVESTMENT REAL ESTATE, ALONG WITH OTHER OFFICES AND DEPARTMENTS THROUGHOUT THE UNIVERSITY ONCE PREPARED, THE FORMS ARE REVIEWED INTERNALLY BY THE COMPTROLLER, THE SENIOR ASSOCIATE VICE PRESIDENT FOR FINANCE, THE OFFICE OF THE SENIOR VP AND GENERAL COUNSEL, THE EXECUTIVE VICE PRESIDENT AND TREASURER, THE PRESIDENT, AND EXTERNALLY BY PRICEWATERHOUSECOOPERS, LLP CERTAIN SECTIONS ARE ALSO REVIEWED BY OUR OUTSIDE LEGAL COUNSEL, MORGAN, LEWIS, AND BOCKIUS THE ASSISTANT VP FOR UNIVERSITY COMPLIANCE, OFFICE OF THE VP FOR DEVELOPMENT, AND VP FOR EXTERNAL RELATIONS PROVIDE INPUT AND REVIEW SPECIFIC SECTIONS FOR WHICH THEY ARE SUBJECT MATTER EXPERTS A SPECIAL MEETING OF THE COMMITTEE ON FINANCE AND AUDIT OF THE UNIVERSITY'S BOARD OF TRUSTEES PROVIDES A FULL INSTITUTIONAL REVIEW OF ALL FORMS TO ENSURE COMPLIANCE WITH THE FEDERAL AND STATE TAX AUTHORITIES PRIOR TO FILING, A FINAL COPY OF THE 990 WAS PROVIDED TO THE FULL BOARD FOR AN OPPORTUNITY TO REVIEW AND COMMENT

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		CONFLICT OF INTEREST POLICIES ARE MONITORED BY THE UNIVERSITY'S OFFICE OF COMPLIANCE AND PRIVACY, WHICH DISTRIBUTES AN ANNUAL QUESTIONNAIRE THE QUESTIONNAIRES ARE COLLECTED, AND THE DISCLOSURES ARE SUMMARIZED AND SHARED WITH THE OFFICE OF THE SENIOR VP AND GENERAL COUNSEL AND THE BOARD OF TRUSTEES' COMMITTEE ON FINANCE AND AUDIT ANY DISCLOSURE WHICH REVEALS A POTENTIAL CONFLICT, OR THE APPEARANCE OF ONE, IS REVIEWED AND, WHEN APPROPRIATE, A PLAN IS IMPLEMENTED TO REMEDY, MANAGE OR MINIMIZE SUCH CONFLICT COMPLIANCE WITH THESE PLANS IS MONITORED AND ENFORCED THROUGH ONGOING OVERSIGHT, COORDINATED BY THE OFFICE OF COMPLIANCE AND PRIVACY, INCLUDING A THOROUGH REVIEW OF UNIVERSITY PAYMENT REQUESTS THAT MAY CREATE A CONFLICT

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		THE COMMITTEE ON GOVERNANCE, COMPENSATION AND NOMINATIONS (THE 'COMMITTEE') OF THE UNIVERSITY'S BOARD OF TRUSTEES WAS DELEGATED THE AUTHORITY BY THE BOARD TO SET EXECUTIVE COMPENSATION THE COMMITTEE, SERVING AS THE COMPENSATION COMMITTEE, ANNUALLY REVIEWS AND DETERMINES THE COMPENSATION FOR THE PRESIDENT, AND REVIEWS AND APPROVES THE COMPENSATION RECOMMENDED BY THE PRESIDENT FOR THE OFFICERS AND KEY EMPLOYEES IN MAKING ITS ASSESSMENTS, THE COMMITTEE OBTAINS COMPENSATION INFORMATION PREPARED BY AN INDEPENDENT COMPENSATION CONSULTING FIRM THAT INCLUDES MARKET DATA FROM COMPARABLE UNIVERSITIES FOR COMPARABLE POSITIONS IN DETERMINING THE PRESIDENT'S COMPENSATION, THE COMMITTEE CONSIDERS THE CONSULTANT'S REPORT AND MARKET DATA IN ADDITION TO THE TERMS OF HIS EMPLOYMENT CONTRACT AND MAKES COMPENSATION ADJUSTMENTS, TAKING INTO CONSIDERATION ACCOMPLISHMENTS FOR THE CURRENT FISCAL YEAR AS WELL AS GOALS FOR THE UPCOMING FISCAL YEAR WHEN REVIEWING THE REASONABLENESS OF THE SENIOR OFFICIALS' COMPENSATION, IN ADDITION TO CONSIDERING THE CONSULTANT'S REPORT AND MARKET DATA, THE COMMITTEE ALSO REVIEWS SENIOR OFFICIALS' PERFORMANCE, TAKING INTO ACCOUNT THE PRESIDENT'S RECOMMENDATIONS AND OTHER INFORMATION AS IT DEEMS APPROPRIATE FROM TIME TO TIME, SUCH AS GOALS AND ACCOMPLISHMENTS, LENGTH OF SERVICE AND PRIOR SALARY HISTORY IF ANY SENIOR OFFICIAL'S COMPENSATION IS ABOVE MARKET DATA, THE COMMITTEE CONSIDERS ALL RELEVANT FACTORS AND, IF IT APPROVES THE COMPENSATION, EXPLAINS ITS RATIONALE AND INCLUDES ITS EXPLANATION IN THE MINUTES THE COMMITTEE KEEPS MINUTES OF ALL FINAL ACTIONS AT EACH MEETING

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE GOVERNING DOCUMENTS (CHARTER AND MISSION STATEMENT) ARE AVAILABLE ON THE BOARD OF TRUSTEES WEBSITE AT HTTP://TRUSTEES.GWU.EDU/DOCS.CFM THE FACULTY AND NON-FACULTY CONFLICT OF INTEREST POLICIES ARE AVAILABLE FROM THE UNIVERSITY'S POLICIES WEBSITE AT WWW.POLICY.GWU.EDU THE FINANCIAL STATEMENTS ARE AVAILABLE IN THE ANNUAL REPORT, WHICH IS POSTED ON THE COMPTROLLER'S OFFICE'S WEBSITE AT HTTP://FINANCEOFFICE.GWU.EDU/ANNUAL_REPORTS.HTML FORM 990, PART VII ADDITIONAL TRUSTEE INFORMATION BOARD OF TRUSTEES ALL TRUSTEES SERVE WITHOUT COMPENSATION NO TRUSTEE DEVOTES FULL TIME TO THIS POSITION THE AVERAGE NUMBER OF HOURS EACH TRUSTEE DEVOTES TO HIS/HER POSITION ON THE BOARD OF TRUSTEES DEPENDS UPON THE TRUSTEE'S LEADERSHIP ON THE BOARD AND COMMITTEES THREE BOARD MEETINGS AND ONE RETREAT ARE HELD DURING THE FISCAL YEAR EACH TRUSTEE SERVES ON AT LEAST ONE COMMITTEE FORM 990, PART VII, SECTION A, LINE 1A, COLUMN B DONALD R LEHMAN DEVOTES AN AVERAGE OF 1 HOUR PER WEEK TO MOUNT VERNON COLLEGE IN HIS CAPACITY AS CHAIR MOUNT VERNON COLLEGE IS A RELATED ORGANIZATION TO GW LOUIS H KATZ AND DONALD R LEHMAN DEVOTE AN AVERAGE OF 5 HOURS PER WEEK TO THE WASHINGTON RESEARCH LIBRARY CONSORTIUM (WRLC) WRLC IS A RELATED ORGANIZATION TO GW

Identifier	Return Reference	Explanation
Schedule G, Part I, Line 2b, Column (v)	Explanation of Fundraising Payments	FUNDRAISER AGREEMENTS THAT PROVIDE BOTH PAYMENTS FOR SERVICES AND PAYMENTS FOR EXPENSES REQUIRE EXPENSES TO BE DOCUMENTED WITH RECEIPTS THERE WERE NO AGREEMENTS WITH FUNDRAISERS EXCLUSIVELY FOR EXPENSES SCHEDULE G, PART II, FUNDRAISING EVENTS ON THE FORM 990 IT APPEARS THAT FUNDRAISING EVENTS INCURRED A LOSS A "FUNDRAISING EVENT" IS DEFINED FOR IRS PURPOSES AS AN EVENT THAT HAS AN ATTENDANCE FEE THE DONOR PAYS TO ATTEND AND RECEIVES SOMETHING OF VALUE IN RETURN (CUSTOMARILY A DINNER) PER FORM 990 INSTRUCTIONS, A DONOR'S PAYMENT TO ATTEND A SPECIAL EVENT IS SEPARATED INTO TWO CATEGORIES "GROSS INCOME FROM FUNDRAISING EVENTS" AND "CONTRIBUTION," AND EACH IS INCLUDED ON SEPARATE LINES ON FORM 990 ON FORM 990, THE COST OF A FUNDRAISING EVENT (SCHEDULE G, PART II, LINE 8) IS NETTED AGAINST "EVENT REVENUE" (SCHEDULE G, PART II, LINE 3), RATHER THAN AGAINST TOTAL REVENUE FROM THE EVENT THEREFORE, WHILE IT APPEARS AS A LOSS ON THE FORM 990, THE FUNDRAISING EVENTS ACTUALLY RAISED \$226,511 IN GROSS REVENUE SCHEDULE J-2, PART I, ADDITIONAL INFORMATION FORMER OFFICERS, DIRECTORS AND TRUSTEES *NOTE AT ONE TIME, THESE INDIVIDUAL'S POSITIONS WERE DESIGNATED AS OFFICERS OF THE UNIVERSITY AND WERE PREVIOUSLY DISCLOSED ON FORM 990, PART V (2007 AND PRIOR FORM 990) HOWEVER, THE BOARD PASSED A RESOLUTION IN MAY 2005 THAT THESE POSITIONS SHOULD NO LONGER BE DESIGNATED AS OFFICERS FURTHER, IT HAS BEEN DETERMINED THAT BASED ON THE FACTS AND CIRCUMSTANCES OF THEIR ROLES AND RESPONSIBILITIES, NONE OF THESE POSITIONS MEET THE IRS DEFINITION OF INDIVIDUALS REQUIRED TO BE DISCLOSED ON PART VII, SECTION A ACCORDINGLY, THEY ARE INCLUDED ONLY BECAUSE THEY ARE FORMER OFFICERS

Identifier	Return Reference	Explanation
		SCHEDULE R, PART V, LINE 2 AMOUNTS REPORTED FOR TRANSACTION TYPES L, M AND R ARE ACTUAL AMOUNTS PAID THE AMOUNT FOR TRANSACTION TYPE C IS BASED ON A PLEDGE RECEIVED

Identifier	Return Reference	Explanation
FORM 990, PARTS I & III, LN 1, DESCRIPTION OF ORGANIZATION'S MISSION		THE GEORGE WASHINGTON UNIVERSITY, AN INDEPENDENT ACADEMIC INSTITUTION CHARTERED BY THE CONGRESS OF THE UNITED STATES IN 1821, DEDICATES ITSELF TO FURTHERING HUMAN WELL-BEING THE UNIVERSITY VALUES A DYNAMIC, STUDENT-FOCUSED COMMUNITY STIMULATED BY CULTURAL AND INTELLECTUAL DIVERSITY AND BUILT UPON A FOUNDATION OF INTEGRITY, CREATIVITY, AND OPENNESS TO THE EXPLORATION OF NEW IDEAS THE GEORGE WASHINGTON UNIVERSITY, CENTERED IN THE NATIONAL AND INTERNATIONAL CROSSROADS OF WASHINGTON, D C, COMMITS ITSELF TO EXCELLENCE IN THE CREATION, DISSEMINATION, AND APPLICATION OF KNOWLEDGE TO PROMOTE THE PROCESS OF LIFELONG LEARNING FROM BOTH GLOBAL AND INTEGRATIVE PERSPECTIVES, THE UNIVERSITY PROVIDES A STIMULATING INTELLECTUAL ENVIRONMENT FOR ITS DIVERSE STUDENTS AND FACULTY BY FOSTERING EXCELLENCE IN TEACHING, THE UNIVERSITY OFFERS OUTSTANDING LEARNING EXPERIENCES FOR FULL-TIME and part-time students in undergraduate, graduate, and professional programs in Washington, D C, the nation, and abroad As a center for intellectual inquiry and research, the University emphasizes the linkage between basic and applied scholarship, insisting that the practical be grounded in knowledge and theory The University acts as a catalyst for creativity in the arts, the sciences, and the professions by encouraging interaction among its students, faculty, staff, alumni, and the communities it serves The George Washington University draws upon the rich array of resources from the National Capital Area to enhance its educational endeavors In return, the University, through its students, faculty, staff, and alumni, contributes talent and knowledge to improve the quality of life in metropolitan Washington, D C

Identifier	Return Reference	Explanation
FORM 990, PART IX, LINE 14		INFORMATION TECHNOLOGY EXPENSE INCLUDES HARDWARE, SOFTWARE, AND MAINTENANCE COSTS

Identifier	Return Reference	Explanation
FORM 990, PART IX, LINE 24E		IN FY08, THE UNIVERSITY ADOPTED THE OPTIONAL METHOD DESCRIBED IN THE IRS FORM INSTRUCTIONS FOR REPORTING INDIRECT EXPENSES RECORDED IN VARIOUS COST CENTERS AS A SEPARATE LINE ITEM (LINE 24E) INDIRECT EXPENSES INCLUDE, BUT ARE NOT LIMITED TO, FACILITIES OVERHEAD, POSTAGE, TELEPHONE, PRINT AND ADVERTISING SERVICES PERFORMED BY INTERNAL DEPARTMENTS THE RECLASSIFICATION OF INDIRECT EXPENSES TO A SEPARATE LINE PRESERVES THE OBJECT CLASSIFICATION OF EACH INDIVIDUAL EXPENSE SO THAT ONLY COSTS PAID TO THIRD PARTIES FOR GOODS AND SERVICES ARE REPORTED

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

THE GEORGE WASHINGTON UNIVERSITY

Employer identification number

53-0196584

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
DYNAMO BRASIL VII LLC C/O CORPORATION TRUST CTR 1209 ORAN WILMINGTON, DE 19801	INVESTMENTS	DE	0	40,480,466	N/A
BRICK WALK HISTORIC PROPERTIES LLC 44983 KNOLL SQ ENTRPRS HL 2ND FL ASHBURN, VA 20147	INVESTMENTS	VA	31,100	2,153,100	N/A

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
MOUNT VERNON COLLEGE TAX DEPT 44983 KNOLL SQ ENTRPRS HL ASHBURN, VA 20147 53-0196635	EDUCATION AND SUPPORTING ORGANIZATION OF GW	DC	501(c)(3)	TYPE I	N/A
THE GEORGE WASHINGTON ALUMNI ASSOCIATION 1918 F STREET NW WASHINGTON, DC 20052 52-1437464	ALUMNI PROGRAMS & RELATIONS	DC	501(c)(3)	TYPE III	N/A
THE WASHINGTON RESEARCH LIBRARY CONSORTIUM 901 COMMERCE DRIVE UPPER MARLBORO, MD 20774 52-1559828	LIBRARY SERVICES	DC	501(c)(3)	TYPE I	N/A

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

Yes

No

No

No

No

No

No

No

No

Yes

Yes

No

No

No

No

Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) THE WASHINGTON RESEARCH LIBRARY CONSORTIUM	L	869,909
(2) THE WASHINGTON RESEARCH LIBRARY CONSORTIUM	M	99,523
(3) THE GEORGE WASHINGTON ALUMNI ASSOCIATION	R	100,000
(4) THE GEORGE WASHINGTON ALUMNI ASSOCIATION	C	50,000
(5)		
(6)		

Schedule R (Form 990) 2009

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Additional Data

Software ID:

Software Version:

EIN: 53-0196584

Name: THE GEORGE WASHINGTON UNIVERSITY

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
W RUSSELL RAMSEY CHRMN OF THE BD/COMM CHR	5 00	X						0	0	0
NELSON A CARBONELL JR V CHR OF THE BD/COMM CHR	5 00	X						0	0	0
LYDIA W THOMAS V CHR OF THE BD/COMM CHR	5 00	X						0	0	0
PATRICIA D GURNE SECRETARY OF THE BD	4 00	X						0	0	0
I ALLAN FROM ASST SECR - BD/COMM CHR	5 00	X						0	0	0
CYNTHIA BAKER TRUSTEE	2 00	X						0	0	0
JULIA ZOE BECKERMAN TRUSTEE	2 00	X						0	0	0
RICHARD W BLACKBURN TRUSTEE	2 00	X						0	0	0
MARIA MATILDE BONETTI TRUSTEE	2 00	X						0	0	0
GEORGE A COELHO TRUSTEE/COMM CHAIR	3 00	X						0	0	0
HEATHER S FOLEY TRUSTEE	2 00	X						0	0	0
GARY GRANOFF TRUSTEE	2 00	X						0	0	0
REV MICHELE V HAGANS TRUSTEE/COMM CHAIR	3 00	X						0	0	0
MARK V HUGHES TRUSTEE/COMM CHAIR	3 00	X						0	0	0
JAMES F HUMPHREYS TRUSTEE	2 00	X						0	0	0
MORTON P HYMAN TRUSTEE	2 00	X						0	0	0
BOBBIE GREENE KILBERG TRUSTEE	2 00	X						0	0	0
GERALD S LAZARUS TRUSTEE	2 00	X						0	0	0
RANDY L LEVINE TRUSTEE	2 00	X						0	0	0
JEANETTE A MICHAEL TRUSTEE	2 00	X						0	0	0
RAYMOND J OGLETHORPE TRUSTEE/COMM CHAIR	3 00	X						0	0	0
ROBERT G PERRY TRUSTEE/COMM CHAIR	3 00	X						0	0	0
LINDA RABBITT TRUSTEE	2 00	X						0	0	0
STEVEN C ROBERTS TRUSTEE	2 00	X						0	0	0
STEVEN S ROSS TRUSTEE	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
MARK R SHENKMAN TRUSTEE	2 00	X						0	0	0	
DAVID BRUCE SMITH TRUSTEE (CONT SCH J-2)	2 00	X						0	0	0	
ROBERT K TANENBAUM TRUSTEE/COMM CHAIR	3 00	X						0	0	0	
CYNTHIA STEELE VANCE TRUSTEE	2 00	X						0	0	0	
SUNIL WADHWANI TRUSTEE	2 00	X						0	0	0	
OMAR WOODWARD TRUSTEE	2 00	X						0	0	0	
STEVEN KNAPP PRESIDENT - EX OFFICIO	50 00	X		X				905,277	0	146,807	
JOHN F WILLIAMS MD SR V PROV & VP HLTH AFF	50 00			X				773,705	0	46,242	
LOUIS H KATZ EXEC VP & TREASURER	50 00			X				740,880	0	47,665	
DONALD R LEHMAN EXEC VP ACADEMIC AFFAIRS	50 00			X				598,987	0	28,412	
ROBERT A CHERNAK SR VP SAAS	50 00			X				539,131	0	55,883	
BETH NOLAN SR VP & GENERAL COUNSEL	50 00			X				460,469	0	49,405	
LEO CHALUPA VP FOR RESEARCH	50 00				X			246,410	0	31,127	
LAUREL PRICE JONES VP FOR DEVELOPMENT	50 00				X			654,298	0	27,536	
JOHN KUDLESS INTERIM VP FOR DEV	50 00				X			266,374	0	31,955	
DONALD W LINDSEY CHIEF INVESTMENT OFFICER	50 00				X			509,484	0	41,021	
RONALD C BONIG VP & CIO	50 00				X			385,487	0	10,949	
DAVID P STEINOUR CIO	50 00				X			253,968	0	28,905	
MARGUERITE E BARRATT DEAN, COL COLL OF SCI	50 00				X			304,960	0	24,500	
FREDERICK F LAWRENCE DEAN, LAW SCHOOL	50 00				X			459,298	0	40,389	
JAMES L SCOTT MD DEAN, SCHOOL OF MED&HLTH	50 00				X			442,784	0	36,628	
SHAHRAM SARKANI DIR & PROF OF EMSE	50 00					X		749,045	0	42,921	
KARL B HOBBS MEN'S BASKETBALL COACH	50 00					X		535,984	0	60,930	
THOMAS A MAZZUCHI CHAIR, DEPT OF ENGG	50 00					X		493,396	0	50,775	
VAL M BERRY CHIEF HR OFFICER	50 00					X		497,986	0	8,960	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN E KVANCZ EXEC DIR ATH & REC	50 00					X		395,259	0	24,500
STEPHEN J TRACHTENBERG PROF & PRES EMER	40 00						X	623,165	0	37,002
MICHAEL G FREEDMAN VP FOR COMM, FRMR OFCR*	40 00						X	271,919	0	33,002
HELENE D INTERLANDI ASST PRES EM, FRMR OFCR*	40 00						X	165,515	0	24,340

Additional Data

Software ID:
Software Version:
EIN: 53-0196584
Name: THE GEORGE WASHINGTON UNIVERSITY

Form 990, Schedule D, Part VII - Investments— Other Securities

(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
DEFERRED COMPENSATION LIFE INSURANCE - CASH SURRENDER VALUE	3,841,319	F
INVESTMENT FUND FOR 457 LIABILITIES	13,969,344	F
BENEFICIAL INTEREST IN PERPETUAL TRUSTS - (CONT SCH D PART XIV)	20,703,159	F
RECEIVABLE FROM CHARITABLE REMAINDER TRUSTS HELD BY A THIRD PARTY	1,479,833	F
LIFE INCOME FUNDS	10,122,339	F
LIMITED PARTNERSHIPS	55,262,041	F
OTHER SECURITIES	513,530,288	F
BONDS AND NOTES	30,000	F
OTHER STOCKS	854,545	F

Additional Data

Software ID:

Software Version:

EIN: 53-0196584

Name: THE GEORGE WASHINGTON UNIVERSITY

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM	STUDY ABROAD, SHORT TERM TRAINING, MEDICAL EDUCATION	0
CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM	RESEARCH	
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		
EAST ASIA AND THE PACIFIC		2	PROGRAM	STUDY ABROAD, DEGREE PROGRAMS IN SINGAPORE AND TAIWAN	0
EAST ASIA AND THE PACIFIC			PROGRAM	RESEARCH	
EAST ASIA AND THE PACIFIC			FUNDRAISING		
EAST ASIA AND THE PACIFIC			INVESTMENTS		
EUROPE (INCLUDING ICELAND AND GREENLAND)	3	7	PROGRAM	STUDY ABROAD, DISTANCE EDUCATION COURSES	0
EUROPE (INCLUDING ICELAND AND GREENLAND)			PROGRAM	RESEARCH	
EUROPE (INCLUDING ICELAND AND GREENLAND)			FUNDRAISING		
EUROPE (INCLUDING ICELAND AND GREENLAND)			INVESTMENTS		
MIDDLE EAST AND NORTH AFRICA			PROGRAM	STUDY ABROAD, MEDICAL EDUCATION	0
MIDDLE EAST AND NORTH AFRICA			PROGRAM	RESEARCH	
MIDDLE EAST AND NORTH AFRICA			FUNDRAISING		
NORTH AMERICA		1	PROGRAM	STUDY ABROAD, MEDICAL EDUCATION	0
NORTH AMERICA			PROGRAM	RESEARCH	
NORTH AMERICA			FUNDRAISING		
RUSSIA AND THE NEWLY INDEPENDENT STATES			PROGRAM	STUDY ABROAD	0
RUSSIA AND THE NEWLY INDEPENDENT STATES			PROGRAM	RESEARCH	
SOUTH AMERICA	1	1	PROGRAM	STUDY ABROAD, SHORT TERM TRAINING	0
SOUTH AMERICA			PROGRAM	RESEARCH	
SOUTH AMERICA			FUNDRAISING		
SOUTH AMERICA			INVESTMENTS		
SOUTH ASIA			PROGRAM	STUDY ABROAD	0
SOUTH ASIA			PROGRAM	RESEARCH	
SOUTH ASIA			FUNDRAISING		
SUB-SAHARAN AFRICA		2	PROGRAM	STUDY ABROAD, MEDICAL EDUCATION	0
SUB-SAHARAN AFRICA			PROGRAM	RESEARCH	
SUB-SAHARAN AFRICA			FUNDRAISING		0

Additional Data

Software ID:

Software Version:

EIN: 53-0196584

Name: THE GEORGE WASHINGTON UNIVERSITY

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7 The George Washington University Hospital is owned by a limited partnership of which GW is a minority limited partner GW's status as a limited partner provides it with access to the hospital facilities for its medical school education programs, as described in more detail later in this section All numbers reported on Schedule H represent only the University's 20% interest in the partnership that owns the hospital and these amounts are a relatively small percentage of the University's overall activity It is also important to note that the charity care amounts on Schedule H are reported at cost and differ from the amounts reported as uncompensated care in other public reports that take other factors into consideration when calculating uncompensated care Readers should refer to the hospital's 2010 Caring and Commitment report for detailed information with regards to the hospital's community impact, including uncompensated care, education, community programs, community health initiatives, clinics and support to uninsured patients

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 4 THIS FOOTNOTE IS FROM THE CONSOLIDATED FINANCIAL STATEMENTS FOR UNIVERSAL HEALTH SERVICES, INC (UHS) THE GW HOSPITAL IS OWNED AND OPERATED BY A PARTNERSHIP BETWEEN THE UNIVERSITY AND A SUBSIDIARY OF UHS "Collection of receivables from third-party payers and patients is UHS' primary source of cash and is critical to UHS' operating performance UHS' primary collection risks relate to uninsured patients and the portion of the bill which is the patient's responsibility, primarily co-payments and deductibles UHS estimateS provisions for doubtful accounts based on general factors such as payer mix, the aging of the receivables and historical collection experience UHS routinely reviewS accounts receivable balances in conjunction with these factors and other economic conditions which might ultimately affect the collectability of the patient accounts and make adjustments to allowances as warranted At acute care hospitals, third party liability accounts are pursued until all payments and adjustments are posted to the patient account For those accounts with a patient balance after third party liability is finalized or accounts for uninsured patients, the patient is sent a series of statements and collection letters Patients that express an inability to pay are reviewed for potential sources of assistance including UHS' charity care policy If the patient is deemed unwilling to pay, the account is written-off as bad debt and transferred to an outside collection agency for additional collection effort Uninsured patients that do not qualify as charity patients are extended an uninsured discount of at least 20% of total charges During the collection process the hospital establishes a partial reserve in the allowance for doubtful accounts for self-pay balances outstanding for greater than 60 days from the date of discharge All self-pay accounts at the hospital level are fully reserved if they have been outstanding for greater than 90 days from the date of discharge Third party liability accounts are fully reserved in the allowance for doubtful accounts when the balance ages past 180 days from the date of discharge Potential charity accounts are fully reserved when it is determined the patient may be unable to pay ON A CONSOLIDATED BASIS, UHS MONITORS TOTAL SELF-PAY RECEIVABLES TO ENSURE THAT THE TOTAL ALLOWANCE FOR DOUBTFUL ACCOUNTS PROVIDES ADEQUATE COVERAGE BASED ON HISTORICAL COLLECTION EXPERIENCE "

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 8 UTILIZED THE RATIO OF TOTAL COSTS TO TOTAL CHARGES FOR THE APPLICABLE REPORTING PERIOD

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 9b If determined to be charity, there are no attempts to collect

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

PART VI, SUPPLEMENTAL INFORMATION As part of its educational mission, GW operates the GW Medical Center, an interdisciplinary academic department that provides leading health care and instruction, including undergraduate and graduate medical degree programs The Medical Center comprises the School of Medicine and Health Sciences, the School of Public Health and Health Services, and the School of Nursing In the undergraduate medical school curriculum, medical students participate in the core clinical clerkships, a wide variety of clinical electives, and the innovative Practice of Medicine course, which spans all four years and provides students with both early exposure to patients and the means to develop outstanding clinical thinking, interpersonal and technical skills, and professionalism The graduate medical education program offers a wide variety of medical residency training programs GW relies extensively on the hospital facilities at the GW Hospital, which is located adjacent to the GW campus, for the education and training of students in both of these undergraduate and graduate medical school programs The GW Hospital is minutes from Washington, DC's tourist sites and government headquarters and serves a diverse group of patients - from area residents to visiting dignitaries and heads of state The GW Hospital offers free community health and wellness classes and services and donates generously to several local charitable, educational and nonprofit organizations The hospital supports the idea of medical homes as a safety net of primary care services and healthcare screenings for our neighbors who lack adequate health insurance and access to healthcare GW Hospital makes financial contributions to the DC Primary Care Association and Unity Healthcare, recognizing their pivotal role in providing healthcare and prevention services to those who need them the most In addition, the GW Medical Center works cooperatively with community clinics throughout the city, providing medical residents who assist with primary care services Such efforts aim to improve the health of the community and reduce the cost of healthcare delivery by allowing regular access to healthcare for low-income residents GW Hospital provides a variety of community health initiatives and health screenings to area businesses, community events, churches and other large group gatherings In partnership with the GW Medical Center and GW Cancer Institute, the hospital has organized a variety of educational programs and screenings that emphasize disease prevention and detection, as well as diagnosis and treatment of breast cancer, oral cancer, prostate cancer, colorectal cancer, lung cancer and other serious medical conditions Free support groups are available through GW Hospital for cancer patients and their families The hospital also offers more than 20 public health seminars a year on topics such as cardiac arrest, pain management, hypertension and joint replacement At the annual Foggy Bottom Community Day, the GW medical community offers free screenings and educational programs on topics including smoking cessation, oral cancer screening, breast cancer, stroke and heart disease screening The GW Hospital is committed to helping uninsured patients qualify for local and state health benefit programs The hospital offers on-site benefit education and Medicaid enrollment assistance and advises patients who are eligible to receive services without charge or at a reduced charge

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Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
STEVEN KNAPP	(i)	691,462	97,500	116,315	53,500	94,859	1,053,636	0
	(ii)	0	0	0	0	0	0	0
JOHN F WILLIAMS MD	(i)	721,141	0	52,564	24,500	23,294	821,499	0
	(ii)	0	0	0	0	0	0	0
LOUIS H KATZ	(i)	595,000	99,750	46,130	42,665	7,962	791,507	0
	(ii)	0	0	0	0	0	0	0
DONALD R LEHMAN	(i)	480,380	66,700	51,907	24,500	5,464	628,951	0
	(ii)	0	0	0	0	0	0	0
ROBERT A CHERNAK	(i)	433,810	68,800	36,521	42,381	15,876	597,388	0
	(ii)	0	0	0	0	0	0	0
BETH NOLAN	(i)	377,408	64,750	18,311	40,000	10,788	511,257	0
	(ii)	0	0	0	0	0	0	0
LEO CHALUPA	(i)	228,247	0	18,163	24,750	6,798	277,958	0
	(ii)	0	0	0	0	0	0	0
LAUREL PRICE JONES	(i)	225,312	45,900	383,086	23,800	4,608	682,706	0
	(ii)	0	0	0	0	0	0	0
JOHN KUDLESS	(i)	248,762	0	17,612	26,948	6,160	299,482	0
	(ii)	0	0	0	0	0	0	0
DONALD W LINDSEY	(i)	423,073	64,500	21,911	24,500	17,955	551,939	0
	(ii)	0	0	0	0	0	0	0
RONALD C BONIG	(i)	85,912	48,125	251,450	9,318	2,035	396,840	0
	(ii)	0	0	0	0	0	0	0
DAVID P STEINOUR	(i)	248,032	5,000	936	24,500	5,455	283,923	0
	(ii)	0	0	0	0	0	0	0
MARGUERITE E BARRATT	(i)	297,480	0	7,480	24,500	1,211	330,671	0
	(ii)	0	0	0	0	0	0	0
FREDERICK F LAWRENCE	(i)	441,694	0	17,604	28,500	13,356	501,154	0
	(ii)	0	0	0	0	0	0	0
JAMES L SCOTT MD	(i)	406,735	0	36,049	24,500	13,561	480,845	0
	(ii)	0	0	0	0	0	0	0
SHAHRAM SARKANI	(i)	703,186	0	45,859	24,500	19,946	793,491	0
	(ii)	0	0	0	0	0	0	0
KARL B HOBBS	(i)	450,480	40,000	45,504	47,509	14,932	598,425	0
	(ii)	0	0	0	0	0	0	0
THOMAS A MAZZUCHI	(i)	481,208	0	12,188	24,500	27,597	545,493	0
	(ii)	0	0	0	0	0	0	0
VAL M BERRY	(i)	82,349	0	415,637	8,604	747	507,337	0
	(ii)	0	0	0	0	0	0	0
JOHN E KVANCZ	(i)	338,868	25,000	31,391	24,500	1,283	421,042	0
	(ii)	0	0	0	0	0	0	0
STEPHEN J TRACHTENBERG	(i)	289,830	0	333,335	24,500	21,673	669,338	0
	(ii)	0	0	0	0	0	0	0
MICHAEL G FREEDMAN	(i)	258,810	10,000	3,109	24,500	9,653	306,072	0
	(ii)	0	0	0	0	0	0	0
HELENE D INTERLANDI	(i)	161,210	0	4,305	16,640	8,568	190,723	0
	(ii)	0	0	0	0	0	0	0